

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10144

STATE FILE NUMBER

63-041440

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 17 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY  
OR  
TOWN **St. Louis**

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **3627 Fillmore Ave.**

Inside Limits  
Yes ☐ No ☐

d. STREET  
ADDRESS (If outside, give location)  
**3627 Fillmore Ave.**

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

**EMMA**

**L.**

**FELTZ**

## 4. DATE OF DEATH

Month

Day

Year

**Oct.**

**10**

**1963**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**White**

## 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**4-14-1889**

## 9. AGE (last birthday)

**74**

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housework**

## 10b. KIND OF BUSINESS OR INDUSTRY

**At Home**

## 11. BIRTHPLACE (City and state or country)

**Cape Girardeau, Mo.**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**John Schaid**

## 13b. MOTHER'S MAIDEN NAME

**Charles F. Feltz**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

**None**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

**Charles F. Feltz 3627 Fillmore Ave.**

## 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

**ARTERIOSCLEROTIC HEART DISEASE**

## INTERVAL BETWEEN ONSET AND DEATH

**5 yrs.**

### DUE TO (b)

**2 Atrial Fibrillation +  
CARDIAC FAILURE**

### DUE TO (c)

**4200**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**1 HYPERTENSION**

**2 OSTEOARTHRITIS**

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from **3/8/62** to **10/10/63** and last saw him alive on **Sept 1963. (9/16/63)**  
Death occurred at **7:45 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Charles F. Feltz M.D.**

## 22b. ADDRESS

**3438 S GRAND BLVD.**

## 22c. DATE SIGNED

**10/10/63**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Cremation**

## 23b. DATE

**Oct. 14, 1963**

## 23c. NAME OF CEMETERY OR CREMATORY

**Hillcrest Abbey**

## 23d. LOCATION (City, town, or county)

**St. Louis, Mo.**

## 24. FUNERAL DIRECTOR

## ADDRESS

**Kriegshauser 4228 S. Kingshighway Blvd.**

## 25. DATE RECD. BY LOCAL REG.

**OCT 11 1963**

## 26. REGISTRAR'S SIGNATURE

**Neal Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

Dr. Charles B. Ladd  
3438 S. Grand

Pr. 1-7388

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. W. Stiversand

Licensed Embalmer No. 4607

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.